## OFFICE OF THE SECKETARY OF STATE

**JESSE WHITE** • Secretary of State

MARCH 1, 2006

6477-619-3

3023 HWY K #542 ST CHARLES, MO 63304

TELE-RECONNECT INC.

RE TELE - RECONNECT INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE

ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD

	NSACT BUSINESS IN ILLINOIS			
Busir	ness Corporation Act FILED			
nehe	e White, Secretary of State 1 2006			
	ngfield, IL 62756 phone (217) 782-1834 sephordrivoillingis com			
	cyberdriveillinois.com			
chec or an paya	it payment in the form of a cashier's k, certified check, money order Illinois attorney's or CPA's check ble to the Secretary of State.  NOTE 1 CONCERNING PAYMENT!	3	Number of Source Issued 9, 6.0	
Filing	Fee \$ 50 Franchise Tax \$ 25 Penalty	//Interest \$ To	tal \$ /75 App	roved
	————————————————Type or Print clearly	n black inkDo not v	rite above this line	
1.	(a) CORPORATE NAME: TECS - REC	ONNECT IN	2. V	
	(Complete item 1 (b) only if the corporate name is not available.)	allable in this state.)	U	
	(b) ASSUMED CORPORATE NAME:			
	(By electing this assumed name, the corporation he		corporate name in the	
	transaction of business in Illinois. Form BCA 4.15 is	attached.)		
2.	State or Country of Incorporation MISSOURI; Date of Incorporation	MAY2/2003 D	eriod of PERPET	UAL
3 -	(a) Address of the principal office, wherever located:	(b) Address of principa		/
	3023 Hwy K. #542	(If none, so s	tate)	
	ST CHARLES MO	NONE		
	63304			1
4.	Name and address of the registered agent and registered	d office in Illinois.		
	Registered Agent: VERNA		VARBER	
	First Name	Middle Initial	Last name	
	Registered Office: 205	AVALON ST		
	Number	Street	Suite # is not	O. Box alone acceptable.)
	BRIGHTON	62012	MACOUPI	NED
	City	ZIP Code	County	(69)
5.	States and countries in which it is admitted or qualified to	transact business: (Include	state of incorporation)	
	MISSOURI			
3.	Name and addresses of officers and directors: (If more th	an 3 directors and/or additi	onal officers, attach list	.)
	Name No. & Street	City	State	ZIP
	President ERIC JOHNSTON 4 TURTCE		mo	63368
	Secretary			
	Director		n, de orde garer A.	
	Director			
C-17	Director			

FORM BCA 13.13 (rev. Dec. 2003)

	state: (If not sufficient space to cover this point, add one or r	nore sheets of the	his size)		
				(45)	
	RESALE OF TELECOMMUN	UICAT10A	SERUIC	ES,	
8. 	Authorized and issued shares:  Nu Class Series Par Value Ommow © 0 1	mber of Shares Authorized ス, 000	Iss	of Shares	
	(If more, attac	h list)			
9.	Paid-in Capital: \$ O O O ("Paid-in Capital" replaces the terms Stated Capital & Paid-in	n Surplus and is	, 0909 c		
10.	<ul> <li>(a) Give an estimate of the total value of all the property* of the corporation for the following year:</li> <li>(b) Give an estimate of the total value of all the property* of the</li> </ul>		10,000	V	
	corporation for the following year that will be located in II  (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year:	linois: \$_	100,000		
	(d) State the estimated annual business of the corporation to transacted by it at or from places of business in the State Illinois:		10,000	11	
11.	Interrogatories: (Important - this section must be completed.)  (a) Is the corporation transacting business in this state at the (b) If the answer to item 11(a) is yes, state the exact date or	is time? NO		ness in illinois:	
12.	This application is accompanied by a certified copy of the articl the last ninety (90) days, by the proper officer of the state or				
13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who penalties of perjury, that the facts stated herein are true. (All signatures must be in <b>BLACK INK.</b> )					
	Dated FEBRUARY 10 2006  (Month & Day) (Year)  (Any Authorized Officer's Signature)  ERIC Jott NSTON PRESIDENT  (Print Name and Title)	G ognæs vil ar	RECONNECT (Exact Name of Corporat		
*	PROPERTY as used in this application shall apply to all proportion mixed without qualifications.	erty of the corpo	ration, real, personal, te	angible, intangible,	

The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.